

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

**WATER WELL OWNER**

Name	
Business	
Address	
Well location  at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: _____ ft.
Depth(s) groundwater encountered: (1) _____ ft.; (2) _____ ft.; (3) _____ ft.; (4) dry well
Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours pumping _____ gpm
Pump installed?    Yes    No
Water well disinfected?    Yes    No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*    Yes    No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals: From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals: Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed:    Yes    No
County Permit:    Yes    No    Permit ID: _____
Lease Name & Well #: _____
# of boreholes: _____    # of dewatering wells: _____

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

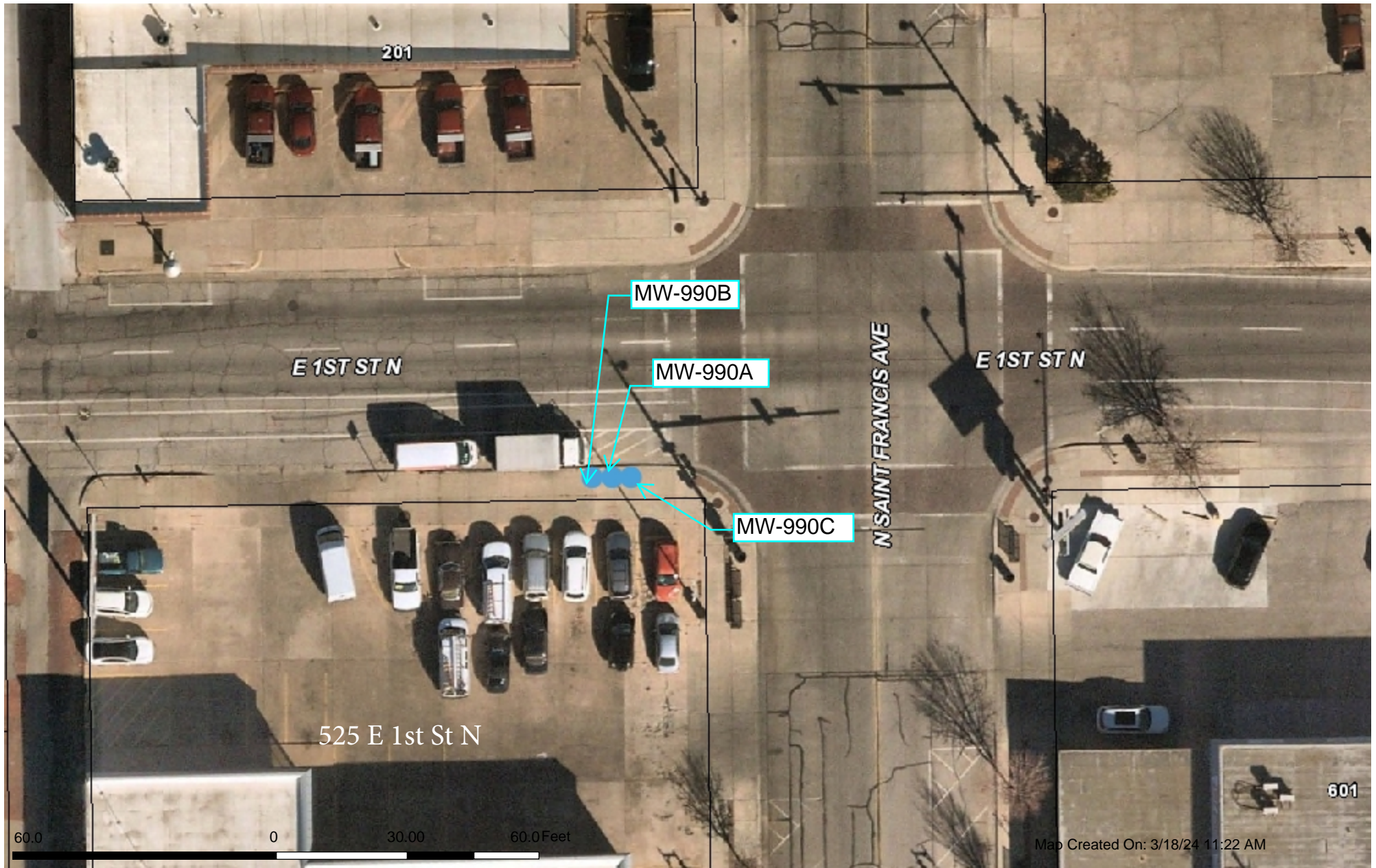
**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.



This information is not an official record, and cannot be used as such. The user should rely only upon official records available from the custodian of records in the appropriate City and/or County department. Some data provided here and used for the preparation of these maps has been obtained from public records not created or maintained by the City of Wichita.



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Topeka, KS 66612-1367



Phone: 785-296-1535  
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www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

July 10, 2024

VIA ELECTRONIC COMMUNICATIONS

**SUBJECT:** Approval of Variance for Direct-Push Small Diameter Monitoring Wells – City of Wichita:  
At E. 1<sup>st</sup> St N and N. St Francis Ave, Wichita, SG County, KS. NE, SE, SW, NW, Sec. 21, T. 27S, R. 1E.  
Gilbert & Mosley Site, (KDHE Project Code C2-087-00175),

Mike Ocsody, P.G., Ks WWC Lic. 710  
Below Ground Surface, Inc.  
8110 Cole Parkway  
Shawnee, KS 66227  
[midwestbgs@sbcglobal.net](mailto:midwestbgs@sbcglobal.net)

Dear Mr. Ocsody,

Today, the Kansas Department of Health & Environment, Bureau of Water, Geology & Well Technology Unit, Water Well Program (KDHE), received your variance request to construct three (3) nested, small diameter monitoring wells using direct-push technology (DPT) at the above referenced site. Monitoring wells MW-990S, I, D will be completed on south side of East 1<sup>st</sup> St. N, just west of N St. Francis Ave. The request was for constructing wells with less than the required minimum annular space as per K.A.R. 28-30-6(b)(2). KDHE considers the method of constructing and grouting the monitoring wells described in your email dated July 10, 2024, and supplemented with information from the City of Wichita, as adequate to protect each zone being monitored and the lower portion of the aquifer.

This letter provides notice of approval to construct three (3) small diameter monitoring wells at the location referenced above. Please indicate KDHE approval on the water well records and submit within 30 days of completion.

Please contact me at 785-296-3565 (o), 785-224-5259 (c), or [Pam.Chaffee@ks.gov](mailto:Pam.Chaffee@ks.gov) if you have questions.

Sincerely,

Pamela Chaffee, P.G., Water Well Program  
Geology & Well Technology Unit/Bureau of Water/KDHE

Copy via email: Brooklyn Armijo, KDHE/BOW/GWTU [Brooklyn.Armijo@ks.gov](mailto:Brooklyn.Armijo@ks.gov)  
Moses Kosin, KDHE/BER/Remedial Section, Site Remediation Unit [Moses.Kosin@ks.gov](mailto:Moses.Kosin@ks.gov)  
Darren Brown, Mgr. Env. Assessment & Remediation, City of Wichita [DLBrown@wichita.gov](mailto:DLBrown@wichita.gov)  
Mike Boes, City of Wichita [MBoes@wichita.gov](mailto:MBoes@wichita.gov)

Copy to file: KDHE/BOW/GWTU, Sedgwick County File